

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/573,679 FILING DATE _____
OFFICE/ART(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		12					53						
4		1					54						
5		14					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	10	←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	11						TOTAL CLAIMS						

BEST AVAILABLE COPY